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http://www.dmas.state.va.us

MEDICAID MEMO

TO: All Providers Participating in the Virginia Medicaid and FAMIS Programs, Medicaid Managed Care Organizations

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 11/3/2017

SUBJECT: Clarifying and Updating DMAS Coverage of Stem Cell Transplants Based on the Current Medical Standard of Care

The purpose of this Memorandum is to define existing DMAS regulatory language regarding coverage of stem cell transplants and to clarify the scope of DMAS medical coverage for bone marrow/stem cell transplants in order to bring Virginia Medicaid more fully in line with current medical practice and national health insurance coverage standards.

I. Background

DMAS coverage for stem cell transplants (SCTs) for adults is set out in two covered services sections in Chapter 50 of the Virginia Administrative Code (VAC). These two sections have not been updated since 2000. The first, 12 VAC 30-50-560, describes objective patient selection criteria centered on the demonstrated medical effectiveness of the SCT procedure. This section places no limits on which disease states are covered for SCTs. The second, 12 VAC 30-50-570, addresses treatments that include both high-dose chemotherapy and SCTs for adults; it limits coverage to patients with a diagnosis of lymphoma, breast cancer, leukemia or myeloma. DMAS has become aware that over time, despite the fact that this section applies only to treatment procedures combining high-dose chemotherapy with SCTs, 12 VAC 30-50-570 has been applied as a coverage limitation for all Medicaid adult bone marrow transplants. 12 VAC 30-50-570 was promulgated nearly 20 years ago, prior to the determination that cellular immunotherapy is often associated with lower chemotherapy doses, rather than the high dose chemotherapy previously utilized for stem cell transplants. The Agency is updating its policy to adapt to significant developments in the clinical landscape.

In the United States, the vast majority of health insurers now cover SCTs as a standard treatment for multiple diagnoses, based upon medical necessity. In the last 17 years there have been considerable improvements in SCT treatment procedures, with significant advances in outcomes and long-term survivability for multiple conditions beyond the four cancers listed in 12 VAC 30-50-570. There are now a number of non-cancer diseases for which stem cell transplants are a standard treatment. For some of these diseases SCT is the only therapy; for others it is only employed when other therapies have failed or the disease is very aggressive.

Specifically, the use of stem cell transplants has now become standard practice as a treatment option for Aplastic Anemia, Heritable Bone Marrow Syndrome, Paroxysmal Nocturnal Hemoglobinuria, Beta Thalassemia major, and Sickle Cell Disease. DMAS here uses the term "Heritable Bone Marrow Syndrome" to describe a group of unusual and rare diseases that are typically diagnosed in infancy and affect the bone marrow as well as other organs, for which stem cell transplant procedures have demonstrated clinical effectiveness. The Agency is using this more generic term in order to avoid frequent future updates to an expanding list of such diseases for which stem cell transplants become an accepted clinical standard. DMAS shall apply the same standards and review process to such conditions as are described below.

In light of the noted developments in clinical practice, DMAS is now clarifying the following requirements and limitations specific to Virginia Medicaid coverage for SCTs. Medicaid coverage for SCTs shall be made available for both children and adults, whether in fee-for-service or managed care, with a diagnosis of either Aplastic Anemia, Heritable Bone Marrow Syndrome, Paroxysmal Nocturnal Hemoglobinuria, Beta Thalassemia major, or Sickle Cell Disease when a member meets medical necessity criteria. SCT is the best, and in many cases, the only life-saving treatment option for many individuals with any of the five blood disorders noted. DMAS has included SCT coverage for these conditions because of its demonstrated clinical effectiveness in treating them and because its use is widely accepted as the clinical standard. Inclusion of SCT coverage for these five conditions brings Virginia Medicaid coverage fully in line with both current medical practice and commercial insurance coverage.

This coverage guidance applies to Virginia Medicaid enrollees of all ages, when medical necessity is demonstrated or to meet applicable Early and Periodic Screening, Diagnosis and Treatment (EPSDT) requirements. DMAS coverage does not extend to the use of SCT as a treatment for conditions where its use is experimental or investigational, or where the treatment is not supported by reliable, published peer-reviewed literature as safe and efficacious for the identified condition. SCT or allied procedures are not covered unless they are directly related to a current diagnosis for which SCT is an accepted as a standard clinical treatment.

In implementing this guidance for the coverage of the five conditions named above, managed care plans may apply their current clinical guidelines and medical necessity criteria to ensure that the stem cell transplant is medically necessary for a member. For the fee-for-service population, the DMAS Medical Support Unit will make medical necessity determinations on a case by case basis. The Agency will update its Provider Manuals to ensure that all pertinent manuals reflect the SCT coverage standards described in this Memorandum. The terms of the Medallion 4.0 and CCC Plus MCO contracts going forward shall also reflect the guidance provided in this Memorandum. As medical technology and SCT treatment standards evolve over time, DMAS shall work with the MCOs through the Chief Medical Officer Quality Collaborative to determine which new conditions shall be added to SCT coverage in the Virginia Medicaid program.

MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting www.MagellanHealth.com/Provider. If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free

at 1-800-424-4046 or by visiting www.magellanofvirginia.com or submitting questions to VAProviderQuestions@MagellanHealth.com.

MANAGED CARE PROGRAMS

Most Medicaid individuals are enrolled in one of the Department's managed care programs: Medallion 3.0, Commonwealth Coordinated Care (CCC), Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0: http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx
- Commonwealth Coordinated Care (CCC): http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx
- Commonwealth Coordinated Care Plus (CCC Plus): http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx
- Program of All-Inclusive Care for the Elderly (PACE): http://www.dmas.virginia.gov/Content_atchs/ltc/WEB%20PAGE%20FOR%20PACE%20Sites%20in%20VA.pdf

COMMONWEALTH COORDINATED CARE PLUS

Commonwealth Coordinated Care Plus is a required managed long term services and supports program for individuals who are either 65 or older or meet eligibility requirements due to a disability. The program integrates medical, behavioral health, and long term services and supports into one program and provides care coordination for members. The goal of this coordinated delivery system is to improve access, quality and efficiency. Please visit the website at: http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at http://dmas.kepro.com.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

TO ALL MEDICAID PROVIDERS: PROVIDER APPEAL REQUEST FORM NOW AVAILABLE

There is now a form available on the DMAS website to assist providers in filing an appeal with the DMAS Appeals Division. The link to the page is http://www.dmas.virginia.gov/Content_pgs/appeal-home.aspx and the form can be accessed from there by clicking on, "Click here to download a Provider Appeal Request Form." The form is in PDF format and has fillable fields. It can either be filled out online and then printed or downloaded and saved to your business computer. It is designed to save you time and money by assisting you in supplying all of the necessary information to identify your area of concern and the basic facts associated with that concern. Once you complete the form, you can simply print it and attach any supporting documentation you wish, and send to the Appeals Division by means of the United States mail, courier or other hand delivery, facsimile, electronic mail, or electronic submission supported by the Agency.

PROVIDERS: NEW MEDICARE CARDS ARE COMING

CMS is removing Social Security Numbers from Medicare cards to help fight identity theft and safeguard taxpayer dollars. In previous messages, CMS has stated that you must be ready by April 2018 for the change from the Social Security Number based Health Insurance Claim Number to the randomly generated Medicare Beneficiary Identifier (the new Medicare number). Up to now, CMS has referred to this work as the Social Security Number Removal Initiative (SSNRI). Moving forward, CMS will refer to this project as the New Medicare Card.

To help you find information quickly, CMS designed a new homepage linking you to the latest details, including how to talk to your Medicare patients about the new Medicare Card. Bookmark the New Medicare Card homepage and Provider webpage, and visit often, so you have the information you need to be ready by April 1st.

Providers (which includes fee for service, Medicaid Managed Care Organizations, and Commonwealth Coordinated Care Plus) may share the following information with members:

MEMBERS: NEW MEDICARE CARDS ARE COMING

Medicare will mail new Medicare cards between April 2018 and April 2019. Your new card will have a new Medicare Number that's unique to you, instead of your Social Security Number. This will help to protect your identity.

Additional information is available at the following link:
https://www.medicare.gov/forms-help-and-resources/your-medicare-card.html